

DEPARTMENT OF THE ARM
HEADQUARTERS, UNITED STATES ARMY MATERIEL COMMAND
5001 EISENHOWER AVENUE, ALEXANDRIA, VA 22333-0001

AMC MEMORANDUM
No. 215-1

30 September 1994

Morale, Welfare, and Recreation

AMC WELFARE FUND ACTIVITIES

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*This memorandum supersedes DARCOM-M 28-1, 11 October 1982.

CHAPTER 1

GENERAL

1-1. Purpose. This memorandum prescribes policies, limitations, and procedures concerning U.S. Army Materiel Command (AMC) Welfare Fund activities (AR 230-3).

1-2. Scope. This memorandum applies to all AMC military and civilian personnel assigned to Headquarters (HQ) AMC, its activities and support activities whose principle duty station is 5001 Eisenhower Avenue, Alexandria, VA 22333-0001.

1-3. Explanation of terms. For the purpose of this memorandum, the following terms apply:

a. Social activity. HQ AMC galas, anniversary celebrations, and DCS Christmas celebrations that are for personnel serviced by HQ AMC civilian and military personnel.

b. Sporting activity. Activities which consist of softball, bowling, golf, etc.

c. Condolence. Expression of sympathy for another's illness or sorrow. Condolences are in the form of flowers.

d. Point of contact (POC). Person designated or reaffirmed by his/her DCS/staff office to serve as the channel of communication to the AMC Welfare Fund Council. Appointment as POC must be made NLT the last workday of January each year.

1-4. Policy. Chapters 2 and 3 define duties of the POC.

CHAPTER 2

SOCIAL/SPORTING ACTIVITIES

2-1. Policies, limitations, and procedures.

a. Policies and limitations. The following policies and limitations apply to applications for approval and funding of and accounting for, social/sporting activities financed in whole or in part by the AMC Welfare Fund.

(1) Social/sporting activities are open to all AMC employees who desire to participate.

(2) The Fund may finance DCS Christmas parties in part dependent upon the availability of funds.

(3) The Fund will not finance parties celebrating birthdays, anniversaries, or organizational activation dates with the exception of the AMC Anniversary Celebration (AMC picnic).

(4) The Fund may finance sporting activities such as softball, golf, bowling, running, etc.

(5) The AMC Welfare Fund Council will consider each application for a social/sporting activity other than the types specified in (2) and (3) above on an individual basis.

(6) The AMC Welfare Fund is generally exempt from paying State and local taxes--there are a few exceptions. (See AR 215-7, para 2-8 and AR 215-1, para 15-10.) Therefore, the fund will not reimburse sponsors for sales tax paid on purchases.

(7) The AMC Welfare Fund will not finance decorations, favors, flowers, gifts, or alcoholic beverages as regards to social/sporting activities.

(8) It is incumbent upon each organizational POC or alternate POC to review each AMC Welfare Fund communication emanating from his or her organization to assure compliance with (1) through (7) above.

b. Procedures.

(1) A request for approval of each social/sporting activity will be made in writing and signed by the appropriate POC for AMC Welfare Fund activities. Submit a request for a social activity or a sporting

activity in the formats shown in figures A-1 through A-3, to the Chairperson, AMC Welfare Fund Council, AMC Building, in advance of the date of the activity, to allow sufficient time for consideration by the council. The AMC Welfare Fund will not finance any part of an activity not approved by the AMC Welfare Fund Council in writing or telephonically prior to the date of the activity.

(2) Immediately following the event, a memorandum, in the format shown in figure A-2, certifying the actual number of AMC employees in attendance and containing the other information shown in figure A-2, will be submitted to the chairperson. As appropriate, vendor's receipts will be attached to the memorandum.

CHAPTER 3
CONDOLENCES

3-1. Policies and limitations. The following policies and limitations apply to the financing and sending of condolences.

a. The AMC Welfare Fund limits condolences to floral arrangements with appropriate cards. Regulatory guidance prohibits the AMC Welfare Fund from sending money as a condolence.

b. The AMC Welfare Fund will send condolences for illness to individual AMC military and civilian personnel who are ill. The Fund will not send condolences to relatives of AMC personnel. The following conditions apply:

(1) The employee must have been absent from duty for a period of 10 consecutive workdays; however, in the case of an employee who has been hospitalized, the waiting period will be 5 consecutive workdays.

(2) Each employee is entitled to one condolence during a 6-month period. In the case of a recurring illness or a new illness within 6 months following the date of an initial condolence, council must approve an additional condolence.

c. Condolences will be sent in the case of the death of an employee or a member of his/her immediate family (wife, husband, son, daughter, mother, or father); they will not be sent in the case of the death of an in-law, a sister, or a brother.

d. Cards accompanying all condolences will read: "Commander, AMC, Co-workers and Friends."

3-2. Request procedure. A request for condolence will be made in writing by a memorandum in the format shown in figure A-4 or A-5, as applicable and will be signed by the organizational POC to the AMC Welfare Fund Chairperson or Fund Manager/Custodian.

AMC-M 215-1

(AMCRM-A)

FOR THE COMMANDER:

OFFICIAL:

RAY E. McCOY
Major General, USA
Chief of Staff

LEROY TILLERY
Chief, Printing and Publications
Branch

DISTRIBUTION:
Initial Distr H (45) 1 ea HQ Acty/Staff Ofc
AMCIO-I-SP stockroom (50)
AMCRM-A (10)

APPENDIX A
SAMPLE FORMATS

AMC(xx)

MEMORANDUM FOR CHAIRPERSON, AMC WELFARE FUND

SUBJECT: Funding Request for Social Activity

1. The (DCS/SOC name) Christmas Party will be held at (location) on (date). It is estimated that approximately (number of persons) will attend.
2. It is understood that Welfare Funds will not be used for the purchase of gifts, favors, flowers, room decorations or alcoholic beverages.
3. Please make check payable to (name).
4. The DCS POC for this action is (name and telephone number).

Signature Block

S A M P L E F O R M A T

Figure A-1

AMC(xx)

MEMORANDUM FOR CHAIRPERSON, AMC WELFARE FUND

SUBJECT: Report on Social Function

1. Reference Memorandum, (office symbol), (date), subject:

_____.

2. Request reimbursement based on the following report:
(Follow the sample listing shown below.)

a. Expenditures:

Cake	10.00
Sandwiches	22.00
Coffee	5.00
Plates, Cups, etc.	5.00

Total	\$32.00 (Sales slips attached)

Or

Safeway	10.00
Giant Food	12.00
B&B Caterers	10.00

Total	\$32.00 (Annotated receipts attached)

b. Number in attendance: _____ AMC employees.

c. We did not use welfare funds for the purchase of gifts, favors, flowers, room decorations or alcoholic beverages.

3. Please make check payable to (name), (extension).

Encl
Receipts

Signature

S A M P L E F O R M A T

Figure A-2

AMC(xx)

MEMORANDUM FOR CHAIRPERSON, AMC WELFARE FUND

SUBJECT: Request Funding for Sporting Activity

1. Request the AMC Welfare Fund Council approve funds in the amount of _____ to help defray the costs associated with the (name of sporting event).
2. We understand that we can use the funds approved by the Council for such things as franchise fees, prizes, trophies, and equipment. Welfare funds cannot be used to purchase uniforms. We will provide receipts to the Fund Custodian.
3. Request check be made payable to (list name). The POC for this action is (list name and telephone number).

Signature

S A M P L E F O R M A T

Figure A-3

AMC-M 215-1

AMC(xx)

MEMORANDUM FOR CHAIRPERSON, AMC WELFARE FUND

SUBJECT: Request for Condolence

1. Request a dish garden be sent to (name of employee) who has been absent from work for 10 consecutive workdays due to illness. The home address is as follows:

Address:
Home Telephone No.

or,

1. Request a dish garden be sent to (name of employee) who has been hospitalized for 5 consecutive workdays. The address is as follows:

Name of Hospital:
Room Number:
Address:

2. The POC for this action is (name and telephone number).

(Signature)

S A M P L E F O R M A T

Figure A-4

AMC(xx)

MEMORANDUM FOR CHAIRPERSON, AMC WELFARE FUND COUNCIL

SUBJECT: Request for Condolence

1. Request a floral arrangement be sent for the funeral of (name of deceased).He/she was the (relationship) of (name of employee), an employee of this office.

2. Funeral arrangements are as follows:

Name of Funeral Home:

Date:

Time:

Address:

3. The DCS POC for this action is (list name and telephone number).

or,

1. Request a dish garden be sent to (name of employee) as an expression of sympathy in the death of her/his (relationship).

Employee Name:

Home Address:

Home Telephone Number:

2. The DCS POC for this action is (name and telephone number).

Signature

S A M P L E F O R M A T

Figure A-5